UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(Include case number if one has been assigned)

Write the full name of each plaintiff.

AMENDED

16 cv 6531

COMPLAINT

(Prisoner)

City of New York, NYPD, Officer(s),

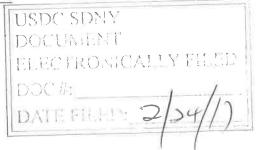
-against-

P.O. Albert Tirado sheildno. 8141,

P.O. Stephen King sheild no. 12382

Do you want a jury trial? Yes | No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore not contain: an individual's full social security number or full birth date: the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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Convicted and sentenced prisoner

☐ Other:

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those daims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants). ☑ Violation of my federal constitutional rights ☐ Other: II. PLAINTIFF INFORMATION Each plaintiff must provide the following information. Attach additional pages if necessary. Middle Initial State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit. 15A5015 Prisoner ID# (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held) Current Place of Detention Institutional Address County, City PRISONER STATUS III. Indicate below whether you are a prisoner or other confined person: ☐ Pretrial detainee ☐ Civilly committed detainee ☐ Immigration detainee

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	Albert	Tirado	8141		
	First Name	Last Name	Shield#		
	Police Officer				
		current Job Title (or other identifying information)			
	Ourrent Work Address	1 Police Plaza m. 1404			
,	Lew York Address	Whole was	10007		
	County-city	State	Zip Code		
Defendant 2:	Stephen	Kima	12382		
Defendant 2.	First Name	Last Name	Shield#		
	Police OF	RICEC			
		her identifying information)			
	1 police Pleaz	ca rm. 1406			
	Current Work Address				
	New York, New	HOVE MY	10007		
	County, City	State	Zip Code		
Defendant 3:					
	First Name	Last Name	Shield#		
	Current Job Title (or oth	ner identifying information)	2		
Current Work Address					
Defendant 4:					
	First Name	Last Name	Shield#		
	Current Job Title (or other identifying information)				
	Current Work Address				
	County, City	State	Zip Code		

V. STATEMENT OF CLAIM

Place(s) of occurrence: COVNEY OF E.187st Beaumont ave

Date(s) of occurrence: May 6, 2015, 2:31 am.

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On Kily 6,2015, on the corner of E.187THST, Becumont are BX, NY 10458 I was slammed into a wall. Arrestal, Detained, charged and indicted On criminal charges that were never committed. Assault 3° And 3 counts of disorderly conduct. On May 6, zois at 2:31am on Cambreleng ave E 187st exited the store Tocated walking towards a crowd I observed Officer's) Tirado and King amounts two other officers run from between Prospect are un Crotonal are E 187 st. Nearly two blacks away. It was neither my Concern nor Instrest to why they were running Me, slammed meagainst the wall, twisting my wrist and forcecuffing me. Officer(s) Tirado and king then searched my person. Upon finding nothing they said they would release me or in worse case give me a (D.A.T) Desk appearence ticket. I officer this is bull and you know it. I a skyald car appeared with the officers. The supervisor said to take me in. And being told me not to worry and that I'll later found out

Multiple offenses. After sitting in County jail, the case was finally dismissed and all charges were dropped. But the embarassment and shame of being arrested in front of my nieghbors and family will remain forever. These act represent a puttern of events and policy demonstrated by the MYPD against plaintiff by Officer(s) Tirado and king. And have caused plaintiff further mented anguish as a result.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

T sustained a small gush to the left side of my forehead, when P.O Albert Tirado slammed me into the wall. P.O. Tirado and P.O king Forcefully restrained me. No sign of fleeing or resistance occured on my behalf. No medical treatment was provided once requested. I also suffered mental trauma from the events in question. Had an astma attack, due to an chronic condition. Dient recieve on involve until my arrival to county Jail.

State briefly what money damages or other relief you want the court to order.

I want the courts to veview compaint and order

Judgement For relief in my favor. Against the

City of New York, New York Police Department and their

Officers) P.O ALBERT TIRADO, P.O stephen King.

For False arrest, Malicious Prosecution, unlawful imprisionment

Abuse of Due Process and 1stemend. Freedom of speech

I seek velief For compensiony and punitive damages for

wantal emotional and Physical harm. Criminal action was

terminated Favorably to plantiff. Pain and suffering.

VI. RELIEF	
Plaintiffs request an order declaring that the	
defendents have acted in violation of the	
United States Constitution.	
Plantiff prays for Judgment in his favor and alimages	-
In his favor against all defendants in amount sufficient)[
to compensate him for the pain and mental arguish	_
suffered by him due to the delibrate indifference	
and intentional misconduct of defendants, but in	_
noevent less than \$3,000,000 dollars	
and such additional relief as the court may	
and such additional relief as the court may	
deem just and proper.	
	_
Respectfully submitted	
Tyrone Da	
U	
	_
	_
	_
	_

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied in forma pauperis status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to

proceed without prepayment of fees, each plaintiff must also submit an IFP application.

February 14", 2017

Dated

Plaintiff's Signature

Tyrone

First Name

Middle Initial

Last Name

Fishkill Covv. Facility Box 1845

Prison Address

Dithess County, Beacon, Ny

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

nailing: 7-4040

M, ZU17

SWURN TO BEFURE METHIS

14th DAY OF FEBUARY 2017

NOTARY PUBLIC

Poter E. Cordwell
WOTARY PUBLIC, State of New York
He, 910A8248885
Gualified in Dutehess County
Commission Expires September 26, 20

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SDNY DOCKET UNIT

FISHKILL CORRECTIONAL FACILITY

Me Daniel Ather District Court Found States Court Found Fo

Throne Adams 154503 TSTAKII Corr. Facility 1245 Beacon, Ny 12508

